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SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT		ATTORNEY DOCKETT NO.	
45612-2	5/31/45	Wornerdan		5-458-240	
				EXAMINER Brusman	
			Bri		
			ART UNIT	PAPER NUMBER	
			1108	5	
			DATE MAILED:		
	E	KAMINER INTERVIEW SUMMARY RI	ECORD	•	
All participants (applica	nt, applicant's representative	e, PTO personnel):			
11 Ms- Pendle	LHON # 35,48	(3)			
\(\frac{1}{2}\)		(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(5) 10, 1312	Man	(4)			
Date of interview	2 Sept '95	<u> </u>			
Type: Telephonic	Personal (copy is given to	to 🗆 applicant 🔀 applicant's representative	a).		
		SCNo. If yes, brief description:			
Agreement was rea	ached with respect to some o	or all of the claims in question. 🕱 was not read	ched.		
	. U	·			
Claims discussed:	<u> </u>	. 1			
identification of prior art	discussed: Foran	et al	· · · · · · · · · · · · · · · · · · ·		
				1 .4 - 1-	
Description of the gene	ral nature of what was agree	ed to if an agreement was reached, or any other	r comments: 9 yell	y that	
insuftion	of "devoid	d of alkali'	after adhesi	/ C	
composition	would en	celucle composition of	Form et a	1 considered	
, iel.	decolaration of	idence # 154,617			
	ACDIM - NO.	7 13 (,017			
		amendments, if available, which the examiner which would render the claims allowable is ava			
		a separate record of the substance of the Intervi	-	,	
Unless the paragraph b	elow has been checked to in	ndicate to the contrary, A FORMAL WRITTEN F OF THE INTERVIEW (e.g., Items 1-7 on the re n one month from this interview date to provide	RESPONSE TO THE LAS everse side of this form).	If a response to the last Office	
2. Since the exar requirements to response requirements.	niner's interview summary al hat may be present in the last irements of the last Office ac	bove (including any attachments) reflects a con st Office action, and since the claims are now a ction. Applicant is not relieved from providing a	nplete response to each o illowable, this completed f	of the objections, rejections and orm is considered to fulfill the	
box 1 above is	also checked.				